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# Resource Manual for Occupational Therapists: Providing Transportation Related Resources to the Elderly Living in Poverty in North Dakota

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Resource Manual for Occupational Therapists: Providing Transportation Related  
Resources to the Elderly Living in Poverty in North Dakota

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

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In partial fulfillment of the requirements

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## **APPROVAL PAGE**

This Scholarly Project Paper, submitted by Amanda Ralston and Lukas Wavra in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

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Date

## **PERMISSION**

**Title:** Resource Manual for Occupational Therapists: Providing  
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in North Dakota

**Department:** Occupational Therapy

**Degree:** Master's of Occupational Therapy

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## **ABSTRACT**

Between the ages of 65 and 74, 9% of elderly individuals live in poverty in the United States (Forum, 2010). This poverty rate increases to 11% in elderly individuals who are 75 years of age or older (Forum, 2010). In rural areas, the effects of poverty may be even more pronounced than in urban areas secondary to the societal limitations that exist within some small rural communities; rural areas in North Dakota routinely face both the effects of poverty and the societal limitations. These limitations may include a lack of public transportation or services available to the general public. Due to limited urban areas and a low population, North Dakota has experienced rural depopulation over the past few decades (North Dakota State Data Center, 2012). With more of North Dakota's younger citizen moving to urban areas, the state has had to cut funding to the rural communities, resulting in greater difficulties for the elderly individuals who continue to reside in those areas (North Dakota State Data Center, 2012). With the growing trend of rural depopulation, the low occurrence of elderly individuals relocating to urban areas, and the increasing elderly population in North Dakota, further research needs to be conducted regarding the elderly living in poverty in North Dakota (North Dakota State Data Center, 2012). In addition, occupational therapists who work in rural areas with limited community resources may experience a greater demand for services and requests to provide services outside traditional areas of expertise [i.e. advocating for transportation in rural areas] (Payne, 2005; Vissing, 1996). The overall goal of the resource manual is to provide a practical, user-friendly, theoretical model-driven occupational approach using the Occupational Adaptation model for occupational therapists who must advocate for

transportation related services for elderly individuals who live in poverty in North Dakota.



## **CHAPTER I**

### **INTRODUCTION**

According to Buckner, Bassuk, & Zima (1993), the loss of self-efficacy, self-worth, and personal identity can all be results of living in poverty. Occupational deprivation often occurs within the lives of those who live in poverty. Societal limitations, such as poverty, homelessness, disability, and/or unemployment can result in occupational deprivation for the elderly individual (Bazayk & Bazayk, 2009; Hasselkus, 2006). A more specific example may be the lack of available transportation resources (i.e. public transportation; driving evaluation clinicians) available in a rural North Dakota town, which can result in a barrier to occupational engagement and increase occupational deprivation. Poverty is a serious problem for elderly individuals between the ages of 65 and 74 years of age who have a 9% occurrence of poverty and even more so for elderly individuals, age 75 years of age and older, who have an 11% occurrence of poverty (Forum, 2010). In addition to increasing poverty rates with age, functional limitations in daily activities increase as individuals surpass the age of 65 (Forum, 2010). Occupational therapists need to advocate for their elderly patients promptly to help them avoid functional limitations in their lives.

North Dakota has experienced rural depopulation over the past few decades (North Dakota State Data Center, 2012). Occupational therapists who work in small communities with limited resources in rural areas may experience a greater demand for services and requests to provide services outside one's traditional area of expertise [i.e. advocating for transportation in rural areas; performing vision screenings] (Payne, 2005; Vissing, 1996). Occupational therapists can help facilitate elderly individuals to become

their own agents of change in order to achieve increased occupational performance and ultimately, relative mastery in regard to their transportation needs (Cole & Tufano, 2008; Doig, Fleming, Cornwell, Kuipers, 2009). An elderly individual becomes their own agent of change when they are provided with the right tools (i.e. resources to access public transportation) and motivated to make change in their own life (Cole & Tufano, 2008). The elderly individuals will achieve relative mastery when their own natural drive to become competent in their own personally meaningful occupations is evident per patient report (Cole & Tufano, 2008). Increased self-esteem, satisfaction, and self-confidence with their performance in the occupation can result as the elderly individual achieves relative mastery (Bazyk & Bazyk, 2009).

The focus of this scholarly project was to develop a resource manual to guide occupational therapists who work with the elderly who live in poverty in North Dakota in regard to transportation related services. The product is designed to be available in a digital format so that the PowerPoint can be utilized for in-services and copied with the authors' permission for distribution.

A theoretical model helps shape the practice of the occupational therapy profession. This manual was designed to follow the main concepts of the Occupational Adaptation (OA) model, and to provide easily comprehensible application of OA concepts. The OA model was chosen due to its focus on the client as the agent of change and the occupational therapist performing the role of a coach or facilitator. The OA model calls upon the therapist to help the patient facilitate adaption in their occupations that promote increased independence and function in their life (Schkade & Schultz, 1992). The client acting as the agent of change was deemed vital when providing

occupational therapy services to elderly individuals who live in poverty in rural North Dakota: many of the clients may not be seen frequently due to financial strain and inability to pay for transportation to and from therapy appointments. Due to the size of rural areas in North Dakota, a client may need to travel a sizeable distance to the nearest clinic.

The chapters in this scholarly project are designed to flow in a logical fashion starting with this introduction chapter which acts as a prelude to Chapter II. Chapter II provides an in-depth explanation of main concepts regarding the elderly and poverty, the issues related to transportation for this population, terminology, and an extensive overview of the Occupational Adaptation model. Chapter III contains the methodology of researching the information contained in the resource manual product (Chapter IV) and the supporting literature (Chapter II). A description of the resource manual can be found in Chapter IV; this includes a synopsis of the main reviewed literature and describes how to implement the Occupational Adaptation model when utilizing the provided internet resources. The final summary, Chapter V, serves to address the authors' thoughts, concerns, and recommendations regarding the scholarly project.

## **CHAPTER II**

### **LITERATURE REVIEW**

In the field of occupational therapy the use of occupation-based activities is essential in order to engage individuals in meaningful occupations that include physical, mental, emotional, and spiritual activities in order to avoid occupational deprivation (Hasselkus, 2006). Occupational deprivation can be defined as the lack of engagement in personally meaningful activities which can be a result of societal limitations such as poverty, homelessness, unemployment, and/or disability; more specifically a lack of resources or availability of transportation can result in barriers to occupational engagement (Bazyk & Bazyk, 2009; Hasselkus, 2006). Societal limitations can be more prominent in rural areas than in urban areas, for reasons such as a lack of public transportation or services available to the general public. In North Dakota, which has few large cities and a relatively low population, rural depopulation over the past few decades has resulted in many areas of the state cutting funding due to its citizens moving to urban areas (North Dakota State Data Center, 2012). In addition to the rural depopulation trend in North Dakota, there is also an increasing percentage of elderly population due to many young adults and/or young families moving out of state or to urban areas (North Dakota State Data Center, 2012). Due to the fact that many elderly individuals have lived in rural areas their entire lives and are established in that area (i.e. a home owner), they are less likely to make the move out of the increasingly depopulated rural areas which are losing funding for services (North Dakota State Data Center, 2012). As a result, low income rural elderly individuals who live in North Dakota are limited in the services offered to them including transportation services. Occupational therapists need to advocate for

services for these elderly individuals who live in rural areas in North Dakota so that they are able to obtain the same level of care as they would if they lived in an urban area.

Utilizing client-centered, occupation-based interventions sets occupational therapy apart from other disciplines (Rodgers, 2007). Occupational therapists utilize client-centered, occupation-based activities as a means of intervention to promote the client to become his or her own agent of change in order to achieve increased occupational performance, and ultimately relative mastery, in their desired occupations (Cole & Tufano, 2008; Doig, Fleming, Cornwell, Kuipers, 2009). An individual becomes their own agent of change when they are given the tools (i.e. resources to access public transportation) and motivated to make the needed adaptations in their own life (Cole & Tufano, 2008). Relative mastery is the drive in an individual to become competent in their own personally meaningful occupations (Cole & Tufano, 2008). When an individual achieves relative mastery, they experience an increase in self-esteem, self-confidence, and satisfaction with their performance in the occupation (Bazyk & Bazyk, 2009). All individuals, regardless of their age, sex, race, socioeconomic status, geographic location, etc. deserve to experience the feelings listed above through achieving relative mastery in their own personally meaningful occupations. This is why it is important for occupational therapists to advocate for occupational therapy services for individuals living at a low income level in North Dakota.

Occupation-based activities help serve as a medium for clients to build confidence in learning new skills based on their personally developed goals (Swenson Miller, Bunch-Harrison, Brumbaugh, Kutty, & FitzGerald, 2005). Client-centered care comes as a natural progression secondary to utilizing occupation-based interventions because they

are uniquely meaningful to the individual. Occupation-based interventions take into account the individual's personal values, wants, and needs. Occupational therapists are uniquely educated in holistic, client-centered care, which allows an occupational therapist to provide occupation-based interventions to target clients' physical and mental health related issues by advocating for occupational therapy services for his or her clients (American Occupational Therapy Association [AOTA], 2010). Modifying, adapting, or altering the environment in order to facilitate optimal occupational performance are examples of how an occupational therapist can advocate for a client (Dhillon, Wilkins, Law, Stewart, & Tremblay, 2010). An occupational therapist must take into account the client's occupational environment, occupational roles, the client's primary wants and needs, contextual features, and prior level of occupational performance when developing an intervention (Schkade & McClung, 2001). It is also important for the therapist not to assume that they know what the client's occupational role expectations are, and to ask the client to describe their role expectations (Schkade & McClung, 2001). For example, elderly individuals who live in poverty in rural areas may have different occupational roles or needs than elderly individuals living in poverty in urban areas (i.e. availability of resources such as public transportation).

The goals of occupational therapy is to help facilitate individuals in meaningful occupations that promote health and wellness, improve, restore, and maintain function with the individual's current functional status, and to help promote an increased perception of mental health well being (AOTA, 2010). Occupational therapy as a whole strives to promote social justice by allowing for participation in occupational interventions to increase the meaningfulness and engagement in occupations for clients

(AOTA, 2010; Braveman & Bass-Haugen, 2009). Occupational therapists work to help correct the inequalities that act as inhibitors to occupational performance for all individuals, including individuals who have a low socioeconomic status and/or those who live in rural areas with limited available resources (AOTA, 2010).

Furthermore, engagement in occupation-based activity not only sets occupational therapy apart from other professions, but it also allows the client to engage in meaningful activities to help with their recovery process (AOTA, 2008). Physical or environmental stressors can be positively correlated with a reduced likelihood of recovery or poor generalized health outcomes (Israel et al, 2010). Individuals living with a low socioeconomic status encounter stressors in addition to the typical stressors that individuals living at a higher socioeconomic status encounter [i.e. a lack of means of transportation] (Israel et al, 2010). In addition to these already challenging circumstances, elderly individuals with a low socioeconomic status face additional hardships such as the statistically increased need for medical services (Trujillo, Vernon, Wong, & Angeles, 2009). Environmental stressors, such as homelessness, can have a serious impact on an individual from a low socioeconomic status. Being homeless adds additional hardships to an individual, such as not knowing where their next meal is going to come from, where they are going to stay for the night, or how they are going to receive needed medical care. For those who are homeless in rural areas, transportation can be non-existent, as there may not be busses or taxis available.

Older age is also accompanied by the increased need for occupational therapy services due to the increased prevalence of illnesses and disabilities that are present in the elderly population (Forum, 2010). A 2008 study showed that elderly individuals

accounted for approximately 13% of the United States population or approximately 39 million individuals (Forum, 2010). Occupational therapists must advocate for the elderly population because their likelihood of treating an elderly individual will increase in relation to the anticipated elderly population boom through the year 2030, where it is estimated that the elderly population will double in number from those reported in the year 2000 (Forum, 2010). In a 2007 study, 42% of individuals surveyed over the age of 65 reported a functional limitation in areas of activities of daily living (i.e. dressing, bathing) and instrumental activities of daily living (i.e. community mobility, shopping); 14% of the individuals reported just a limitation in the instrumental activities of daily living (Forum, 2010).

In the case of community mobility as a functional limitation for an instrumental activity of daily living, elderly individuals who live in poverty in rural areas have additional challenges such as a lack of public transportation available versus those who lived in urban areas. Elderly individuals who live in poverty between 65 and 74 years of age have a 9% occurrence of poverty, whereas elderly individuals age 75 years of age and older have an 11% occurrence of poverty (Forum, 2010). In addition to increasing poverty rates with age, functional limitations increase as individuals surpass the age of 65; elderly individuals, age 65 to 74 years of age, reported a 13-22% limitation in at least one area, whereas individuals age 85 and older reported a 40-56% limitation in at least one area of their daily lives (Forum, 2010). Occupational therapists need to advocate for their elderly patients promptly to help them avoid functional limitations in their lives.

For those at a lower socioeconomic status, it is difficult to access adequate health care due to a lack of available resources (i.e. insurance coverage; a means of



transportation to get to the appointment) or awareness of availability (i.e. community services, computer access); thus requiring occupational therapists to advocate for services for their clients. Those who live in poverty more often report a higher level of morbidity than those who are at a higher socioeconomic status (Trujillo, Vernon, Wong, & Angeles, 2009). According to Buckner, Bassuk, & Zima (1993), poverty can result in the loss of self-efficacy, self-worth, and personal identity. As a result, it is vital that occupational therapists act quickly to advocate for the funding of services for those who are uninsured so that they are able to receive the same quality of services as those who are insured. With the necessary resources for recovery, the individual may be able to return to their previous level, or a greater level, of functioning through achieving relative mastery in their desired occupations.

Occupational therapists can be client-centered by providing services that are cost effective when working with an elderly individual with a low socioeconomic status. Utilizing occupation-based interventions, which have a higher likelihood of reimbursement, is especially important when working with low socioeconomic status groups due to limited funding available for services and their higher likelihood of not following through with therapy due to a lack of available resources [i.e. money to use for public transportation to attend the therapy session] (Chisholm, Dolhi, & Schreiber, 2000). Considering today's troubled economy, the growing trend of rural depopulation, and the increased elderly population in North Dakota, further research needs to be done regarding the elderly living in poverty in North Dakota (North Dakota State Data Center, 2012).

According to the 2010 United States (U.S.) Census, 46.2 million people live in poverty which is an increase from 43.6 million people living in poverty in 2009, therefore

the official poverty rate is 15.1% in the U.S. (Income, Poverty, and Health Insurance Coverage in the United States, 2010). This is the fourth consecutive annual increase in the number of individuals living in poverty in the U.S. and the single largest increase in the 52 years for which poverty estimates have been published by the U.S. Census Bureau (Income, Poverty, and Health Insurance Coverage in the United States, 2010). The Office of Management and Budget defines the poverty threshold for a family of four in 2010 as \$22,314 (Income, Poverty, and Health Insurance Coverage in the United States, 2010). According to the 2010 U.S. Census Bureau, approximately 9% or 3.5 million individuals live in poverty (Income, Poverty, and Health Insurance Coverage in the United States, 2010).

Individuals who are part of an ethnic minority have an even higher poverty rate; the highest rate of poverty for an ethnic minority is 27.4% for African-Americans (Income, Poverty, and Health Insurance Coverage in the United States, 2010). In comparison, non-Hispanic Whites had a poverty rate of 9.9% (Income, Poverty, and Health Insurance Coverage in the United States, 2010).

Factors that can exist across cultures include average socioeconomic statuses, typical geographic locations, and baseline health average rates; all of the aforementioned factors can affect the type of care needed and the access to healthcare available to the individuals of that culture (Trujillo, Vernon, Wong, & Angeles, 2009). The number of individuals without health insurance coverage has also increased in the past five years. In 2009, 49 million individuals did not have health insurance coverage, whereas in 2010 that number rose to 49.9 million individuals without healthcare insurance coverage (Small Area Health Insurance Estimates [SAHIE], 2011). For those 65 and older, approximately

2% have no type of insurance available (Income, Poverty, and Health Insurance Coverage in the United States, 2010). Individuals who are living in poverty or who are homeless are more likely than those who have a higher socioeconomic status to be uninsured and thus less likely to seek forms of preventative care (Miller, Bunch-Harrison, Brumbaugh, Kutty, & FitzGerald, 2005). With the lack of preventative care, individuals who are from a low socioeconomic status may not present to a hospital until their illness has reached an exacerbated state, at which point the individual requires hospitalization. During and following the hospitalization, the individual may require rehabilitation services. Due to the fact that the individual did not receive care until absolutely necessary, the individual may require a longer rehabilitation period than if they had received preventative care. With the increased need and possible duration of rehabilitation needs, the individual will require transportation services for a longer time.

In addition to the lack of access to care for individuals who are homeless or those who are living in poverty, those who are in either of the aforementioned circumstances are even more affected if the individual is over the age of 65 with regard to his or her ability to have sufficient knowledge of basic health concepts [i.e. health literacy] (Hwang, 2010). The rates for those living in poverty or those who are homeless is expected to rise significantly for individuals who are 65 years of age or older, due to a predicted rise in the number of individuals over 65 years of age, reaching over 70 million individuals in the U.S. by 2030 (Hwang, 2010). Similarly, Horton and Johnson (2010) estimated that by 2030 the number of elderly individuals will rise to 72 million from its previous 37.3 million, which will be an unprecedented high of approximately 20% of the U.S. population being classified as elderly. The dramatic increase in individuals over the

age of 65 is expected to create a large demand for skilled professions to provide medical services to this expanding and aging population (Hwang, 2010).

Poverty and homelessness is a complex and diverse problem that affects a wide range of individuals. An individual who is homeless is currently defined by the United States Federal Government as an individual who is absent from a regular shelter for sleeping or a person who utilizes a public location that is not designed to shelter individuals as his or her primary residence (Swenson et al., 2005). The demographic for age, sex, and ethnicity is widely diverse; migrant workers, children, and elderly veterans are a sample of the classifications for individuals who are affected by poverty and homelessness (Grandisson, Mitchell-Carvalho, Tang, & Korner-Bitensky, 2009).

Homeless individuals can be categorized as either transitionally or chronically homeless (Grandisson et al., 2009). Individuals who could be described as transitionally homeless are recently homeless and may be utilizing the services of a shelter or a food-bank to meet their basic needs; whereas chronically homeless individuals may be described as having been homeless for an extended period of time (Grandisson et. al, 2009). A current example of the transitionally homeless population may be those individuals who account for the recent influx in home foreclosures across the country (Grandisson et. al, 2009).

An example of the chronically homeless population may include individuals such as military veterans who have had chronic mental illnesses and are unable to maintain gainful employment (Grandisson et. al, 2009). Elderly veterans with chronic mental illnesses may have a greater difficulty in maintaining gainful employment.

According to the World Health Organization [WHO] (2001), one out of every four individuals in the world will be affected by some form of neurological or mental

disorder throughout their lives (Arbesman & Logsdon, 2011). Individuals who are from a low socioeconomic status have a higher rate of mental disorders than those who live at a higher socioeconomic status (Arbesman & Logsdon, 2011). Thus, occupational therapists who work in mental health settings may see a higher percentage of individuals who have a low rather than a high socioeconomic status. Existing in a lower socioeconomic status also impacts the individual's ability to seek needed medical care, which has an impact on the course of the individual's disorder (WHO, 2001). Living in poverty and/or being homeless in correlation with a mental disorder can drastically effect an individual's ability to obtain employment; the employment rate for individuals who live in poverty and/or who are homeless is 48% compared to a 75% employment rate for any other type of disability (Arbesman & Logsdon, 2011). Occupational therapists can utilize occupation-based interventions to target the unique mental and physical needs of clients by using their occupational therapy foundational knowledge related to the effects of mental illnesses on individuals and their ability to engage in occupations (AOTA, 2010). Using this knowledge, an occupational therapist can implement interventions that can be utilized advantageously in order to promote positive change, both mentally and physically, in the individual (AOTA, 2010). Having a mental disorder coupled with the lack of insurance coverage and/or lack of access to the needed healthcare can cause additional hardships for an elderly individual.

Even with Medicare and Medicaid, the individual's health care expenses may not be completely covered. Those who are from a low socioeconomic bracket and rely solely on Medicare are twice as likely to delay seeking medical care as those who have additional medical coverage (Rowland & Lyons, 1996). As many as 40% of people who

are age 65 or older have reported having difficulty engaging in their usual daily activities (Perlmutter, Bhorade, Gordon, Hollingsworth, Baum, 2010). The number of individuals who are age 65 and older, and who have one or more disabilities, is estimated to triple by 2050 which suggests an increased need for occupational therapy services and advocacy for this elderly population (Perlmutter et al., 2010). As individuals wait to receive medical care, their health may continue to decline. In order to have successful aging, Hwang (2010) argues that an individual needs to engage in meaningful occupations that promote physical, mental, emotional, and spiritual well-being including such occupations as social participation and leisure activities. Engagement in meaningful occupations can lead to an overall increased quality of life (Hwang, 2010).

Today's elderly population is increasing and their complex health and wellness needs must be met. In addition to many basic needs, such as adequate food and water intake, many occupational needs for individuals who live in poverty are unmet, which may lead to occupational deprivation resulting in a lack of relative mastery (Cole & Tufano, 2008; Hasselkus, 2006). As a result of a lack of income or monies that can be spent on activities to entertain the individual, those with a low socioeconomic status are more likely to lack participation in enriching occupations, which then leads to occupational deprivation (Hasselkus, 2006). Similarly, rural elderly individuals who have transportation limitations may not be able to partake in their meaningful occupations secondary to not being able to get oneself to the necessary location to complete the occupation (i.e. golf course, movie theater, hospital). Poverty, homelessness, disability, and/or a lack of employment all can be a source of occupational deprivation (Hasselkus, 2006). There is much literature to support advocacy in terms of modifying contexts

within the individual's own unique occupational environment (Dhillon et al., 2010). Cole and Tufano (2008) states the Occupational Adaptation (OA) model is based upon the premise that individuals interact with their environment and the person-environment interaction can determine if an individual can successfully engage in desired occupations.

The OA model can be utilized in the occupational therapy process by helping to describe how occupation can be used as a medium in which the occupational adaptation process occurs, in addition to describing how occupation can be used as an end when the adaptive capacity is reached and relative mastery occurs (Cole & Tufano, 2008; Jackson & Schkade, 2001). As stated earlier, relative mastery is the drive in an individual to become competent in their own personally meaningful occupations (Cole & Tufano, 2008), and this press for mastery is a continuous process over the individual's lifetime (Schkade & McClung, 2001). Adaptive capacity can be defined as an individual's pursuit of relative mastery by engaging in occupations and adapting as necessary to become successful in the occupation (Cole & Tufano, 2008). Schkade and McClung (2001) identify three types of adaptive response behaviors that clients can use to reach relative mastery. The three types of adaptive response behaviors include primitive, transitional, and mature (Schkade & McClung, 2001). Primitive responses include responses that are hyperstable and cause the individual to often become stuck, transitional responses are variable and there is no clear plan, and finally mature responses are stable and there is a goal (Schkade & McClung, 2001).

The physical and social environments can contribute to an individual's health status if that individual is from a low socioeconomic status and adequate resources to support health and wellness are absent (Israel et al, 2010). Elderly individuals with low

socioeconomic status need to be provided opportunities to use their adaptive capacity to engage in occupations that are personally meaningful and those that will lead to enrichment in their lives (Cole & Tufano, 2008; Hasselkus, 2006). In addition to occupational deprivation, factors such as disease, obesity, boredom, and increased incidences in crime can result as individuals seek to have their needs fulfilled through unhealthy occupations (Bazyk & Bazyk, 2009). Also, the shift from a more strenuous daily physical workload to the pattern of a more sedentary lifestyle, which results in low physical stress-loads throughout one's day, leads to decreased circulatory demands (Straker & Mathiassen, 2009). These decreased physical workloads can be increased drastically in those with low socioeconomic status due to insufficient funds to support engagement in desired occupations [i.e. golf or fitness club membership] (Bazyk & Bazyk, 2009; Straker & Mathiassen, 2009). Facilitating meaningful and challenging occupations that promote the act of doing (i.e. occupations) have been shown to be effective in decreasing depression and increasing the feeling of self-efficacy [i.e. relative mastery] (Shin, Kang, Park, Heitkemper, 2009). A way in which occupational therapists can help facilitate meaningful change is through the use of a model, for example the Occupational Adaptation (OA) model, in order to help him or her guide the treatment process in a logical and effective way.

OA's main theoretical concepts have been widely accepted within the occupational therapy discipline since the profession's inception (Schkade & Schultz, 1992). The OA model calls upon the therapist to help the patient facilitate adaption in their occupations that promote increased independence and function in his or her life (Schkade & Schultz, 1992). Two main assumptions of the OA model are that change is



constantly occurring through the use of occupations, and that occupational adaptation is a normative process which is most evident during times when transitions are occurring in an individual's life, such as retirement, aging, and illness (Schkade & Schultz, 1992). The OA model also takes into consideration the individual's "adaptive gestalt". The adaptive gestalt is a concept that states that the three systems of the person (sensorimotor, cognitive, and psychosocial) must all work in synchronization for the individual to have a proper adaptive response (Schkade & McClung, 2001). With this information, the therapist must take into account all three aspects of the individual when developing an intervention plan for the rural elderly. In relation to transportation, the therapist must be aware of the elderly individual's sensorimotor and cognitive abilities to assess their safety prior to and while driving. The therapist must also be aware of the psychosocial aspect of the individual operating a vehicle, as driving may be the only way for the individual to interact socially with others. With this in mind, the therapist must be aware of the added hardship that comes from lack of transportation for their rural elderly clients. The therapist may need to complete a driving assessment to assure the individual is safe to drive, assist the individual in adapting the vehicle to allow for safer transportation, and/or assist the individual in developing a transportation alternative if they are not safe or are unable to drive themselves.

The OA model has four main themes: occupations, adaptive capacity, relative mastery, and the occupational adaptation process. The model places a holistic emphasis on occupations in which the model suggests that occupations used as interventions should be unique and meaningful to the client. Occupational therapy is unique as a profession in which its holistic approach to client care parallels the main core concepts of the OA

model. Adaptive capacity is defined as the person's own drive to find change in his or her life in order to pursue the ultimate goal of relative mastery. Relative mastery is achieved when a person successfully uses the resources he or she is provided to achieve a favorable outcome within his or her environment. Lastly, the occupational adaptation response is a rather complex interaction that exists when a person is challenged by occupational tasks; whether or not he or she is successful in his or her occupations can be an outcome of both the person and environmental interaction process (Cole & Tufano, 2008).

The OA model is designed with two core frameworks which make up the main constructs of the model, which can be applied with the model's holistic approach in mind when providing occupational therapy services to rural elderly individuals who are living at a low socioeconomic status. The first framework describes the adaptation process, whereas the second framework of the OA model describes the process in which the occupational therapist facilitates the change process in order for the individual to achieve relative mastery (Cole & Tufano, 2008). The OA model's adaptation process can be seen through occupational therapy's holistic approach as person, environment, and person-environment interactions which can affect the cognitive, sensorimotor, and psychosocial aspects of the client (Cole & Tufano, 2008). With the occupational therapist helping to facilitate enriching occupations for elderly individuals who are living in poverty or who are homeless, the individual will act as his or her own agent of change through their own natural desire or drive for mastery (Cole & Tufano, 2008). The OA model describes this phenomenon as an innate function that all persons possess, and thus a natural drive occurs within all persons to pursue meaningful occupations and achieve relative mastery

(Cole & Tufano, 2008). The OA model can be used in the occupational therapy process with individuals living in poverty or who are homeless due to its unique understanding of the impact on the person and environment interactions (Cole & Tufano, 2008). An occupational therapist can help facilitate the adaptive capacity of the client by facilitating meaningful occupations in an appropriate environment while still allowing the client to act as the agent of change (Cole & Tufano, 2008). In the OA model, the rural elderly individual living at a low socioeconomic status would play a vital role in the development of his or her own goals for therapy and would be responsible for judging whether or not the goals have been met [i.e. achieving relative mastery] (Jackson & Schake, 2001).

The act of producing an evidence-based practice measure in community-based and mental health aspects of the occupational therapy realm poses difficult challenges in producing outcome measures, but by using a model as a reference guide, the development of an evidenced-based practice measure is less of a challenge (Fuller, 2011). Using a model as a reference guide (i.e. OA model) can help facilitate increased occupational performance in clients, as well as providing a means for reimbursement through evidence-based practice (Fuller, 2011). In addition, due to decreased percentages of occupational therapists entering the mental health field and the limited number of proven effective outcome measures for the uses of mental health occupational therapy practice, there is an increased need for evidence-based practice (i.e. model/theory driven practice) in occupational therapy in these related fields (Haertl, Behrens, Houtuject, Rue, Ten Hake, 2009). Utilizing evidence-based practice techniques alongside the use of an occupational therapy model of practice, in addition to current best-practice techniques,

can help assure increased likelihood of reimbursement for occupational therapy services (Chisholm, Dolhi, Schreiber, 2000).

Providing the rural elderly individuals with the “just right” challenge can be used as a medium for the occupational therapy process to help promote challenging, but fulfilling, healthy occupations (Bazyk & Bazyk, 2009; Cole & Tufano, 2008). This also allows for relative mastery for the OT who facilitates the “just right” challenge, as the therapist is required to use their skills to analyze an activity and adapt it to fit the individual. As the therapist continues to develop the “just right” challenge for their clients, the therapist will continue to develop their skills and therefore be able to reach relative mastery in developing an appropriate “just right” challenge. Allowing the client to act as his or her own agent of change through client-centered, occupation-based interventions can be facilitated, as the occupational therapist allows the client to become their own agent of change in the decision making processes regarding the occupational therapy intervention sessions (Cole & Tufano, 2008; Maitra & Erway, 2006). Engaging in challenging and meaningful occupations can lead to increased self-efficacy for elderly occupational therapy patients (Shin et al, 2009).

All individuals, regardless of socioeconomic status, deserve to be able to engage in meaningful occupations which will satisfy their natural physical, social, mental, and even spiritual needs by instilling a sense of fulfillment (Bazyk & Bazyk, 2009). Having the client population act as the agent of change is ideal when working with individuals who are receiving community-based occupational therapy services, due to limited occupational therapy sessions being available as a result of reimbursement policies. In any stage of the occupational therapy process, it is important to include the client in the

goal planning in order to help make the occupational therapy treatment more client-centered and to promote an increased client-perceived level of satisfaction with his or her received therapy (Doig, Fleming, Cornwell, & Kuipers, 2009; Haertl et. al, 2009). The innate drive for individuals to pursue meaningful occupations acts as the basis for the occupation-based treatment used in current occupational therapy practice, as opposed to the medical model which was used in the past (Bazyk & Bazyk, 2009). Utilizing community-based intervention approaches for individuals who are homeless or who are living in poverty to help develop occupational performance skills can help build collaborative relationships between individuals receiving occupational therapy services and the occupational therapy practitioner (Finlayson, Baker, Rodman, Herzberg, 2002). The OA model can build off of the collaborative learning process, as the occupational therapist helps facilitate occupational performance skills through the client's own adaptive capacity to achieve relative mastery through meaningful occupations (Cole & Tufano, 2008). Utilizing the OA approach will have a unique emphasis in which the occupational therapist calls upon the client to judge his or her performance in their occupations by assessing their effectiveness within their roles and person-environment interactions (Jackson & Schkade, 2001). As stated earlier, the therapist must be able to adapt therapy tasks by calling upon their patients to use their adaptive capacity to strive toward their ultimate goal of relative mastery as well as develop the "just right" challenge for the individual to engage in. The "just right" challenge is necessary for the individual to be able to adequately judge their performance. If the challenge is too simple, the individual may come to the conclusion that they do not need further occupational therapy services, even though the therapist may determine that the individual needs further

services. If the challenge is too hard, the individual may become overwhelmed and give up. For example, if an elderly individual completes a controlled driving assessment without any difficulty or hazards, they may feel that they are ready to return to the road without any further rehabilitation services. However, the controlled driving assessment may not address unforeseen driving hazards such as closed roads, construction, or accidents. In this case, the challenge was too simple. On the other hand, if the patient completes an ‘on the road’ assessment before they are ready, they may become overwhelmed and believe that they will never drive again. Finding the “just right” challenge is very important when working with an elderly individual.

Many individuals from a low socioeconomic status may not have the support from family or friends that they need. For elderly individuals who are living in poverty, health care may be hard to access due to financial strain. These individuals may not have the needed resources (i.e. transportation) and may have physical or cognitive disabilities that hinder their ability to adequately access the health care that they require (Arean et al, 2010). The number of individuals with Alzheimer’s disease, which would be considered a cognitive disability, doubles every five years (Padilla, 2011). Malmgren, Martin, & Nicola (1996) found with elderly individuals living in the Seattle Housing Authority facilities that not only were finances identified as a limitation to their health care access, but also transportation, lack of healthcare, or Medicare/Medicaid denial. Medicare/Medicaid claims may be denied due to a variety of reasons. These reasons can include, but are not limited to: technical problems with the claim, lack of proof that skilled services were provided, failure to show the medical necessity of the intervention, failure to document measurable and functional progress within a designated timeframe

(Lemke, 2004). Considering these reasons, the therapist needs to be aware of the importance of thoroughly documenting rehabilitation services for transportation to assure that the individuals receive the needed services.

Transportation is a meaningful occupation to many, including elderly individuals who live in rural areas. An example of how an individual can engage in this meaningful occupation is by obtaining a driving license to operate a vehicle or by using public transportation (i.e. city buses and taxis). By doing so they are striving toward relative mastery because the occupation of transportation becomes meaningful to them. The problem with achieving relative mastery is hindered by an array of obstacles for elderly individuals who are from a low socioeconomic status and live in rural areas. These obstacles can include the lack of public transportation, long distances to travel to destinations, and a lack of money to be able to afford transportation costs. For many elderly individuals, remaining independent is of greatest importance and being able to access adequate transportation is vital to maintaining their independence (Vrkljan et al., 2010; Cranney et al., 2005). Classen (2010) identified that a critical role of occupational therapists is to assist individuals in maintaining their ability to access safe transportation, especially due to the fact that mobility will allow the individual to engage in occupations, in the life of the community, and in society as a whole. Classen (2010) also reiterates the fact that individuals who are no longer able to drive are more likely to socially isolate, become depressed, and enter nursing homes which in turn is an added financial burden to the individual and may decrease their quality of life. Occupational therapists can help their clients achieve relative mastery in their transportation needs by advocating for

transportation services (i.e. using assisted adaptive capacity via the therapist) in order for the client to be able to become more independent.

For many individuals, engaging in a therapy session will require them to make an appointment at a local hospital or rehabilitation facility where they can receive their therapy sessions. This means that the individual must be able to travel from their home to the facility in a safe manner and in the required time frame to not miss their scheduled appointment. For many living at a low socioeconomic status, and especially those who are living at a low socioeconomic status in a rural area, a major barrier to arriving on time, or even arriving at all, is due to lack of transportation. For those living in the rural area, there may not be any access to a bus, and a taxi service may be too expensive. For elderly individuals, driving is important to them, however as they age, driving may not be as easy or safe as before.

Elderly individuals face many issues while driving due to aging such as loss of vision, reduced hearing, and slower reaction times (Perlmutter, Bhorade, Gordon, Hollingsworth, & Baum, 2010). Shaw, Polgar, Vrljan, and Jacobson (2010) also identified that as individuals age, their perception of safely driving a vehicle may change. The individual may feel that it is only safe to drive certain routes or roads, at a certain time of day, and/or only if the weather is nice (Shaw et al., 2010). Other issues that elderly drivers identified as safety issues included the location of controls, the increasing and advancing technology, and entering and exiting the vehicle (Shaw et al., 2010). Another issue that is identified is the need for safe transportation for those who are suffering from dementia or Alzheimer's. Studies show that 10% of people over the age of 65, and 50% of people over the age of 85 are affected by Alzheimer's, which can account



for added difficulty in transportation needs, especially for the oldest-old group of individuals (Hunt, Brown, & Gilman, 2010). It is estimated that over 4.5 million individuals are affected by Alzheimer's and that number is estimated to triple by the year 2050 (Hebert, Scherr, Bienias, Bennett, & Evans, 2003; Hunt, Brown, & Gilman, 2010). Safe transportation is a global issue (Shaw & Polgar, 2007; Shaw et al., 2010), and further research into safe transportation for the elderly has not made many advances (Shaw et al., 2010).

As the elderly individual's driving ability changes, they may begin to look for available resources. Community resources may include support groups to increase the individual's social supports. Gerson, Dorsey, Berg, and Rose (2004), developed the Aging Gracefully Program to not only promote social supports, but to also assist with coping with aging, and enhancing self care. The researchers target population was a group of African-American elderly individuals who were living in low income housing. The researchers focused on the positive aspects of the individuals' lives, preventing social isolation, enhancing positive health behaviors, and offering resources to the individuals (Gerson, Dorsey, Berg, & Rose, 2004). The individuals who attended the group sessions increased their social interaction and participation in a group that focused on the positives in their lives instead of the negative images of aging (Gerson, Dorsey, Berg, & Rose, 2004).

As occupational therapists, it is our job to not only assess an individual's abilities but to also assure that the elderly individuals receive the highest level of care. According to Townsend (1993), "Occupational therapy's vision is to promote social justice by enabling people to participate as valued members of society despite diverse or limited

occupational potential. The profession promotes social justice through practical approaches that enable people to develop their occupational potential.”

Social justice can be defined as the equal access to resources or goods, equality, and equal opportunity that should be provided to each individual (Braveman & Bass-Haugen, 2009). Transportation needs of elderly individuals in rural areas should be viewed as an equal opportunity that should be provided and occupational therapists can advocate for their patients to help bridge the gap between inequality and equality of available services. In order to provide the best level of care, occupational therapists may need to advocate for their rural elderly patients who live at a lower socioeconomic status to rule out transportation limitations as a hindrance to quality healthcare.

### **CHAPTER III**

#### **METHODOLOGY**

The process that was used to guide this scholarly project started with an extensive literature review to determine the need for occupational therapy advocacy regarding services for individuals who live in poverty. Upon researching credible websites, government websites, documents, and research articles, the scholarly project developed into a resource tool for occupational therapists to provide information related to transportation for elderly clients living in poverty in rural areas. The title of the project was '*Resource Manual for Occupational Therapists: Providing Transportation Related Resources to the Elderly Living in Poverty in North Dakota*'. The literature review provided information that helped narrow the authors' occupation-based focus to transportation related services due to a lack of information regarding poverty and transportation related services. To further narrow the scope of the project, the authors chose to focus specifically on elderly individuals living in poverty in North Dakota, as these individuals do not have the same access to healthcare as those who are not living in poverty (Horton & Johnson, 2010). It is here that the problem identified the need for the resource manual; occupational therapists must advocate for their elderly patients who are living in poverty in order for them to obtain the necessary resources for the occupation of transportation. Further, due to the absence of available research specific to North Dakota, this gap in the literature review suggested to the authors that many occupational therapists may not have adequate resources available to be able to efficiently and effectively advocate for their elderly clients living in poverty in North Dakota; the importance of a resource manual related to transportation was apparent.

The product for this scholarly project is a digital resource manual for occupational therapists to provide transportation based resources to elderly individuals who live in poverty in North Dakota. This resource manual addresses a serious need for elderly individuals, living in poverty in North Dakota, who are seeking occupational therapy services; advocacy and low to no-cost available resources were identified as optimum sources of information. The original concept for this scholarly project originated from mutual interests of both the authors, which were advocacy and poverty, along with recommendations from faculty in the Occupational Therapy department who have identified this need in their own work with clients. Upon conducting further research, it was evident that there was ample research that had been done on the occupational therapy role of advocacy in general, but information related to low or no-cost (i.e. client-centered) care to individuals who live in poverty in North Dakota, that also focused on transportation, was sparse to non-existent.

### **Methods for Literature Review**

The articles that were utilized for this scholarly project were located through PubMed, EBSCOhost, SCOPUS, OT search, and CINAHL databases from the Harley French Library at the University of North Dakota School of Medicine and Health Sciences website. Keywords utilized for searching included: poverty, elderly, rural elderly, North Dakota, occupational therapy, occupational adaptation model, transportation, and elderly living in poverty. Due to the scarcity of available resources related directly to the focus of our project, the inclusion criteria were vast. Inclusion criteria included information about the effects of poverty on individuals, the need for transportation related services provided by occupational therapists, information on elderly

individuals' perceived needs, and information on the rural elderly. Websites were also utilized in obtaining information on this scholarly project including Google Scholar and the American Occupational Therapy Association (AOTA) websites. Government websites were utilized as well, for example the World Health Organization and United States Census Bureau websites. In addition, the authors' occupational therapy college textbooks were utilized to help serve as credible resources for the scholarly project.

Upon gathering sufficient information, the authors chose to review the literature by writing summaries, highlighting important themes, and collaborating on their findings to define the scope and focus of the project. Once each article had been reviewed, a process of summarizing and combining relevant parts ensued, which helped form the literature review. An occupational therapy theoretical model, the Occupational Adaptation model, was chosen in advance to help guide the literature review.

Following the completion of the literature review, the authors developed the product. The authors reviewed past occupational therapy scholarly projects to gather information concerning the formatting of the product. The authors then completed a thorough review of websites regarding transportation, safe driving, and elderly individuals. The information gathered from the various websites was then organized and presented in the third PowerPoint presentation of the product.

### **Occupational Adaptation Model**

The Occupational Adaptation (OA) model was selected to help guide the authors in identifying best-practice techniques while keeping the client-centered focus in their design; all aspects of the individual were taken into consideration including physical, mental, emotional, and psychosocial aspects of the elderly individual. The OA model was

explained in detail in the literature review to provide the reader with a sufficient understanding of the main concepts and language of the model in order to be able to apply the model appropriately. The product then utilized the information from the literature review and simplified the main concepts and language of the model into an easy to read format so that it could be used as a quick reference for a therapist who is working with a client. The OA model information in the product was centered around helping the client achieve relative mastery by allowing them to become their own agent of change; for those therapists who are interested, the detailed explanation of main concepts is located in the literature review, Chapter II.

Cole & Tufano (2008) describe the OA model as prescribing to the belief that all individuals possess an innate natural drive to pursue meaningful occupations and to achieve relative mastery. It is with this knowledge of the model that the therapist can utilize this resource manual to capitalize on the natural drive of those clients who are seeking out the important occupation of locating and using transportation services. This can be done by helping to facilitate the occupation of the client by advocating, but still allowing the client to be their own agent of change and to judge their own performance in the occupation.

### **Incorporating Transportation**

After an extensive literature review of the areas listed previously, the authors chose to focus on transportation due to the lack of resources available specifically for North Dakota and also because of a noted lack of resource manuals on this topic in any of the examined formats (i.e. online). Transportation related services were selected as the advocacy focus for occupational therapists to provide to individuals who live in poverty,

because of the societal limitations that exist in many rural areas of North Dakota; in this instance, the lack of public transportation available. Rural depopulation was also a major influencing theme when deciding on a needed advocacy area for occupational therapists, due to the numbers of elderly individuals choosing to live in their established homes; as many of the younger generations were moving toward more urban areas, this has resulted in depopulation and a lack of available resources (North Dakota State Data Center, 2012). Advocacy for services for elderly individuals who live in North Dakota is needed so that they can receive the same level of care as they would if they lived in an urban area with easier access to needed transportation.

## **CHAPTER IV**

### **PRODUCT**

#### **Forward**

The purpose of this product is to provide a practical approach for occupational therapists in advocating for transportation related services for elderly individuals who live in poverty in North Dakota. This resource manual has incorporated a theoretical model-driven approach through the utilization of the main concepts of the Occupational Adaptation (OA) model. The purpose of the resource manual is to provide practical information related to low socioeconomic status rural elderly individuals who live in North Dakota and the limited services offered to them, specifically transportation services, thus requiring occupational therapists to intervene through advocacy.

This resource manual can be used by occupational therapists to provide the basic foundation of knowledge needed to guide the implementation of advocacy for occupation-based transportation services for elderly, low socioeconomic individuals living in North Dakota. This product was designed in an easy to use digital format that is divided into three PowerPoint presentations. The three presentations include: (1) Transportation: Elderly Drivers, (2) Key Services Offered by Occupational Therapists in Regard to Transportation, (3) Internet Resources for Patient/Transportation Advocacy. The first presentation defines the need for transportation related services and provides background information such as statistics regarding the percentage of elderly living in poverty. The first section also defines the OA model and outlines the application of the OA model throughout the product. The second presentation provides information focusing on the importance of advocacy for transportation related services. The final



presentation provides an easily understood and outlined reference guide to a variety of internet resources for elderly transportation which are client-centered in their nature by being free to low cost alternatives to traditional services. This digital manual is designed for the use of the occupational therapist to assist the individual in becoming their own agent of change.

Therapists can easily utilize the product to conduct an in-service to increase department/facility awareness of the need for advocacy, along with resources that individuals can use to advocate for the needed services. Due to the possibility of the product being utilized in an in-service format, the authors decided to provide the product in a digital form. In a digital form, the ease in which the product could be distributed and used to conduct an in-service would increase. Separation of the product into three sections also allows for the product to be tailored to a therapist's specific immediate needs, or allow for the department to review the materials over a period of sessions with ease.

## **CHAPTER V**

### **SUMMARY**

Therapists may become overwhelmed when advocating for transportation related services as this topic is not a traditional or everyday issue for most occupational therapists. This resource manual serves to assist therapists by acting as a reference guide for free or low cost services related to transportation for elderly individuals living in poverty in North Dakota. This manual was designed with a client-centered focus by utilizing free or low cost services that the occupational therapist can access for the client prior to referring the client to a costly vision exam or full driving evaluation. In rural areas, occupational therapists may experience increased intervention demands outside their traditional areas of practice (Payne, 2005; Vissing, 1996). This resource manual allows occupational therapists to educate themselves in directing their focus toward available, convenient, and credible resources explained in detail, including implementation and purpose via the manual.

A main limitation of this scholarly project is that it has not yet been implemented in a clinical setting to determine its effectiveness; therefore it has not yet been used by occupational therapists who are advocating for elderly individuals living in poverty in North Dakota. Due to this limitation, the effectiveness of this resource manual has not yet been determined. Another limitation of this scholarly project is that it does not encompass all areas of advocacy for transportation (i.e. adaptive equipment, uses and lenders). In addition, another limitation of this scholarly project is the geographically specific audience that the resource manual targets (i.e. occupational therapists working with low income elderly individuals living in rural areas of North Dakota); therefore the

information may not be generalized to individuals in urban areas or at higher socioeconomic statuses.

Recommendations for the future include conducting additional research on transportation related services that are being perceived as a need for elderly individuals living in rural areas through new published research, and updating the website material in the presentations to maintain the currency of the manual's information.

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## **APPENDICIES**



# Resource Manual Section I: Transportation: Elderly Drivers

Resource Manual for Occupational Therapists:  
Providing Occupation Based Resources to the Elderly  
Living in Poverty in North Dakota

# What the Product Entails:

- The Resource Manual is split into 3 sections:
  - Section 1: Product Description and Background Knowledge of Main Concepts
  - Section 2: Key Services offered by Occupational Therapists in Regard to Transportation
  - Section 3: Internet Resources for Patient/Transportation Advocacy

# What the Product Entails:

- A basic foundation of knowledge regarding the guidelines for advocating toward transportation services for elderly individuals who live in poverty in North Dakota
- A theory based approach to implementing the services via the Occupational Adaptation (OA) model
- User-friendly and easy to read and understand



# Resource Manual Section I:

Product Description and Background Information of  
Main Concepts



# Product Description

- The overall goal of the resource manual is to provide a practical approach for advocating for transportation related services for elderly individuals who live in poverty in North Dakota.
- Relative mastery is the drive in an individual to become competent in their own personally meaningful occupations (Cole & Tufano, 2008). Occupational therapists need to be advocates in all areas while remaining client-centered. The area of transportation is one specific need that was identified and will be the focus of this resource manual.

# What is the need for the Product?

- In rural areas, societal limitations can be more prominent than in urban areas due to a lack of public transportation or services available to the general public
- With few large cities and a low population, North Dakota has experienced rural depopulation over the past few decades which has resulted in many areas of the state cutting funding as its citizens have been moving to urban areas
- Low socioeconomic status rural elderly individuals who live in North Dakota are limited in the services offered to them including transportation services

(North Dakota State Data Center, 2012)



# Background Knowledge of Main Concepts

- Poverty
- Health Insurance
- Rural Healthcare
- Elderly in Poverty Statistics
- Poverty Statistics
- Poverty in Rural Areas
- Working with the Elderly
- Social Justice
- Occupation Adaptation (OA) model

# Problem Area: Poverty

- According to the 2010 United States (U.S.) Census
  - 46.2 million people live in poverty
  - The official poverty rate is 15.1% in the U.S.
  - This is the fourth consecutive annual increase in the number of individuals living in poverty in the U.S.
  - Single largest population amount in the 52 years for which poverty estimates have been published by the U.S. Census
- The Office of Management and Budget defines the poverty threshold for a family of four in 2010 as \$22,314

(Income, Poverty, and Health Insurance Coverage in the United States, 2010)

# Poverty Statistics


- Individuals who are part of an ethnic minority have an even higher poverty rate
  - The highest rate of poverty for an ethnic minority is 27.4% for African-Americans
  - In comparison, non-Hispanic Whites had a poverty rate of 9.9%

(Income, Poverty, and Health Insurance Coverage in the United States, 2010)

# Health Insurance Stats

- The number of individuals without health insurance coverage has increased in the past five years
  - In 2009, 49 million individuals did not have health insurance
  - In 2010, 49.9 million individuals did not have health insurance
  - For those 65 and older, approximately 2% have no type of insurance available
- Individuals who are living in poverty or who are homeless are more likely to be uninsured

(Income, Poverty, and Health Insurance Coverage in the United States, 2010; Miller, Bunch-Harrison, Brumbaugh, Kutty, & FitzGerald, 2005; Small Area Health Insurance Estimates [SAHIE], 2011)



# Limitations for those who live in Poverty in Rural Areas

- Societal limitations due to a lack of public transportation
- In North Dakota:
  - Few large cities
  - Low population
- Rural depopulation has resulted in reduced state funding

(North Dakota State Data Center, 2012)

# Rural Healthcare

- Rural areas have fewer professionals and services available
- Individuals in need of treatment tend to be more resistant to using formal organizations in times of need
- Professionals experience a greater demand for services, resulting in providing services that are outside of their traditional areas of expertise
  - i.e. Driving evaluations

(Payne, 2005; Vissing, 1996)



# Elderly in Poverty Statistics

- Elderly individuals who live in poverty between 65-74 years of age have a 9% occurrence of poverty
- Elderly individuals age 75 years of age and older have an 11% occurrence of poverty
- Functional limitations increase as individuals surpass the age of 65
  - Elderly individual's age 65-74 years of age reported a 13-22% limitation in at least one area
  - Individuals age 85 and older reported a 40-56% limitation in at least one area of their daily lives

(Forum, 2010)

# Elderly in Poverty

- Increasing elderly population in North Dakota
- Many elderly individuals:
  - Have lived in rural areas their entire lives
  - Are established in that area
  - Are unwilling to move to urban areas

(North Dakota State Data Center, 2012)

# Elderly in Poverty

- Limited in the services offered due to the decrease in state funding
- Occupational therapists need to advocate for their clients
  - Clients can obtain the same level of care as they would if they lived in an urban area if they are able to gain safe transportation to a hospital or treatment center.



# OT Service For Older Age Individuals

- Older age is also accompanied by the increased need for occupational therapy services due to the increased prevalence of illnesses and disabilities that are present in the elderly population

(Forum, 2010)

# Working with the Elderly

- Occupational therapists' likelihood of treating an elderly individual will increase due to the following:
  - Elderly population boom
  - 42% of individuals surveyed over the age of 65 reported a functional limitation in areas of activities of daily living and instrumental activities of daily living
  - 14% of the individuals reported just a limitation in the instrumental activities of daily living

(Forum, 2010)

# Increase in Poverty

- Anticipated rise in poverty for those over the age of 65
- It is estimated that by 2030 the number of elderly individuals will rise to 72 million
  - An unprecedented high of approximately 20% of the U.S. population
- Expected to create a large demand for skilled professions to provide medical services to this expanding and aging population

(Horton & Johnson, 2010; Hwang, 2010)

# Poverty's Impact

- Poverty can result in the loss of:
  - self-efficacy
  - self-worth
  - personal identity
- It is vital that occupational therapists advocate quickly for those who are uninsured

Buckner, Bassuk, & Zima (1993)

# Poverty's Impact

- Additional Stressors
- Elderly individuals with a low socioeconomic status face additional hardships such as the statistical increased need for medical services
- Environmental stressors can have a serious impact on an individual from a low socioeconomic status

(Israel et al, 2010; Trujillo, Vernon, Wong, & Angeles, 2009)





# Hospitalization

- Individuals who are from a low socioeconomic status may not present to a hospital until their illness has reached an exacerbated state at which point the individual needs to be hospitalized
- During and following the hospitalization, the individual may require rehabilitation services



# Hospitalization

- The individual may require a longer rehabilitation period than if they had received preventative care
- With the increased need and possible duration of rehabilitation needs, the individual will require transportation services for a longer time



# Further Research

- Considering today's troubled economy, the growing trend of rural depopulation, and the increased elderly population in North Dakota, further research needs to be done regarding the elderly living in poverty in North Dakota

(North Dakota State Data Center, 2012)



# Defining Social Justice

- Social justice can be defined as the equal access to resources or goods, equality, and equal opportunity that should be provided to each individual

(Braveman & Bass-Haugen, 2009)

# Social Justice

- Occupational therapy strives to promote social justice by:
  - Allowing for participation in occupational interventions to increase the meaningfulness
  - Increasing engagement in meaningful occupations for clients
- Occupational therapists work to help correct the inequalities that act as inhibitors to occupational performance for all individuals

(AOTA, 2010; Braveman & Bass-Haugen, 2009)



# Social Justice and Advocacy

- Transportation needs of elderly individuals in rural areas should be viewed as an equal opportunity
- To provide the best level of care, occupational therapists may need to advocate for their rural elderly patients who live at a lower socioeconomic status to rule out transportation limitations as a hindrance to quality healthcare.

(Braveman & Bass-Haugen, 2009)



# Using a Model to Guide Practice

- Utilizing a model can assist occupational therapists to stay client-centered and provide holistic care by looking at all the aspects of the individuals such as the physical, mental, emotion, and psychosocial aspects of the individual

# Why the Occupational Adaptation (OA) model?

- The OA model can be used in the occupational therapy process with individuals living in poverty or who are homeless due to its unique understanding of the impact on the person and environmental interactions

(Cole & Tufano, 2008)



# Occupational Adaptation (OA)

- The therapist acts to help facilitate the individuals to engage in meaningful occupations
- Two main assumptions of the OA model:
  - Change is constantly occurring through the use of occupations
  - Occupational adaptation is a normative process which is most evident during times when transitions are occurring in an individual's life

(Schkade & Schultz, 1992)

# Occupational Adaptation (OA)

- Occupational therapists utilize client-centered, occupation-based activities as a means of intervention
  - To promote the client to become his or her own agent of change
  - In order to achieve increased occupational performance
  - In order to achieve relative mastery in their desired occupations

(Cole & Tufano, 2008; Doig, Fleming, Cornwell, Kuipers, 2009)

# Occupational Adaptation (OA)

- The OA model can be utilized in the occupational therapy process by:
  - Describing how occupation can be used as a medium for which the occupational adaptation process occurs
  - Describing how occupation can be used as an end when the adaptive capacity is reached and relative mastery occurs
- Three types of adaptive response behaviors that client's can use to reach relative mastery
  - Primitive
  - Transitional
  - Mature

(Cole & Tufano, 2008; Jackson & Schkade, 2001; Schkade and McClung, 2001)



# Occupational Adaptation (OA)

- Advocate!
- Modify contexts to support engagement in occupation
- The person-environment interaction is what determines successful versus unsuccessful engagement in occupations

(Cole and Tufano, 2008; Dhillon et al., 2010)

# Agent of Change

- An individual becomes their own agent of change when they:
  - Are given the tools
  - Are motivated to make the needed adaptations in their own life

(Cole & Tufano, 2008).

# Two Core Frameworks of OA

- Two core frameworks make up the main constructs of the model
  - The first describes the adaptation process
  - The second describes the process in which the occupational therapist facilitates the change process in order for the individual to achieve relative mastery
- The frameworks can be applied with the models holistic approach in mind when providing occupational therapy services

(Cole & Tufano, 2008)

# OA Four Themes

- The OA model has four main themes within its model:
  - Occupations
  - Adaptive capacity
  - Relative mastery
  - Occupational adaptation process
  - See table 4.1 on next slide for brief summary of concepts

(Cole & Tufano, 2008)

**Table 4.1 Main Themes of OA**

<b>Occupations</b>	<ul style="list-style-type: none"><li>• Holistic emphasis on occupations</li><li>• Occupations used as interventions should be unique and meaningful to the client</li></ul>
<b>Adaptive Capacity</b>	<ul style="list-style-type: none"><li>• Defined as the person's own drive to find change in his or her life in order to pursue the ultimate goal of relative mastery</li></ul>
<b>Relative Mastery</b>	<ul style="list-style-type: none"><li>• Achieved when a person successfully-uses the resources he or she is given to achieve a favorable outcome within his or her environment</li></ul>
<b>Occupational Adaptation Process</b>	<ul style="list-style-type: none"><li>• Complex interaction that exists when a person is challenged by occupational tasks</li><li>• Success or failure in an occupation can be determined as an outcome of both the person and the environmental interaction process</li></ul>

*Note.* Adapted from Cole, M.B., & Tufano, R. (2008). Occupational Adaptation (Eds. Cole). *Applied theories in occupational therapy: A practical approach*, 8, (pp. 107-115). Thorofare, NJ: SLACK incorporated.





# Theme I: Occupations

- The model places a holistic emphasis on occupations
- The model suggests that occupations used as interventions should be unique and meaningful to the client
- Occupational therapy is unique as a profession in which its holistic approach to client care parallels the main core concepts of the OA model

(Cole & Tufano, 2008)

## Theme 2: Adaptive Capacity

- Adaptive capacity is defined as the person's own drive to find change in his or her life in order to pursue the ultimate goal of relative mastery

(Cole & Tufano, 2008)

# Theme 3: Relative Mastery

- Relative mastery is achieved when a person successfully-uses the resources he or she is given to achieve a favorable outcome within his or her environment

(Cole & Tufano, 2008)

# Relative Mastery

- Relative mastery is the drive in an individual to become competent in their own personally meaningful occupations
- When an individual achieves relative mastery, they experience an increase in self-esteem, self-confidence, and satisfaction with their performance in the occupation

(Bazyk & Bazyk, 2009; Cole & Tufano, 2008)



# Theme 4: Occupational Adaptation

- The occupational adaptation response is a complex interaction that exists when a person is challenged by occupational tasks
  - Whether or not he or she is successful in his or her occupations can be an outcome of both the person and environmental interaction process

(Cole & Tufano, 2008)

# Developing an Intervention

- An occupational therapist needs to consider the patient's:
  - Occupational environment
  - Occupational roles
  - Primary wants and needs
  - Contextual features
  - Prior level of occupational performance when developing an intervention
- Do not assume anything, ask questions

(Schkade & McClung, 2001)

# Implementation of OA principles

- In the OA model, the rural elderly individual living at a low socioeconomic status would:
  - Play a vital role in the development of his or her own goals for therapy
  - Be responsible for judging whether or not the goals have been met

(Jackson & Schake, 2001)

# Empowering the client

- Utilizing the OA approach will have a unique emphasis in which the occupational therapist calls upon the client to judge his or her performance in their occupations by assessing their effectiveness within their roles and person-environment interactions

(Jackson & Schkade, 2001)



# Adaptive Gestalt

- The adaptive gestalt is a concept that states that the three systems of the person (sensorimotor, cognitive, and psychosocial) must all work in synchronization for the individual to have a proper adaptive response
- The therapist must take into account all three aspects of the individual when developing an intervention plan for the rural elderly

(Schkade & McClung, 2001)



# Adaptive Gestalt and Transportation

- The therapist must:
  - Be aware of the elderly individual's sensorimotor and cognitive needs and limitations
  - Be aware of the psychosocial aspect of the individual operating a vehicle
  - Be aware of the added hardship that comes from lack of transportation



# Adaptive Gestalt and Transportation

- The therapist may need to complete a driving assessment to:
  - Assure the individual is safe to drive
  - Assist the individual in adapting the vehicle to allow for safer transportation
  - Assist the individual in developing a transportation alternative if they are not safe or are unable to drive themselves

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## Resource Manual Section 2:

Key Services Offered by Occupational Therapists in  
Regard to Transportation

# Why the Transportation Focus?

- For many elderly individuals, remaining independent is of greatest importance and being able to access adequate transportation is vital to maintaining their independence
- A critical role of occupational therapists is to assist individuals in maintaining their ability to access safe transportation

(Vrkljan et al., 2010; Classen, 2010; Craney et al., 2005)



# Lack of Available Resources

- For those living in the rural area, there may not be any access to a bus and or taxi
- Taxi services can be costly for those who do have access
- For elderly individuals, driving is important to them, however as they age driving may not be as easy or safe as before





# Occupational Therapists and Transportation

- Occupational therapists can help their clients achieve relative mastery in their transportation needs by advocating for transportation services
- Occupational therapists can stay client-centered by providing low-cost or free transportation screenings such as the ones suggested in Section 3 of the resource manual



# Clinicians Responsibility

- Asking for help may result in feelings of loss of personal integrity
- Clients may not want to ask for help because they may feel unsure about what their transportation needs are
- Clients may be unaware that occupational therapists address areas of transportation

(Payne, 2005; Vissing, 1996)

# Transportation

- Transportation is a meaningful occupation to many
  - Especially elderly individuals who live in rural areas.
- An individual can engage in this meaningful occupation by:
  - Obtaining a driving license
  - Using public transportation
- By engaging in transportation they are striving toward relative mastery because the occupation of transportation becomes meaningful to them.

# Transportation

- Achieving relative mastery can be hindered by an array of obstacles for elderly individuals who are from a low socioeconomic status and live in rural areas
- These obstacles can include:
  - The lack of public transportation
  - Long distances to travel to destinations
  - Lack of money to be able to afford transportation costs

(Vrkljan et al., 2010; Craney et al., 2005)

# Loss of Driving Ability

- Individuals who are no longer able to drive are more likely to:
  - Socially isolate
  - Become depressed
  - Enter nursing homes which in turn is an added financial burden to the individual and may decrease their quality of life.



# Hindrances to Achieving Relative Mastery: Transportation

- Elderly individuals face many issues while driving due to aging such as:
  - Loss of vision
  - Reduced Hearing
  - Slower reaction times

(Hebert, Scherr, Bienias, Bennett, & Evans, 2003 Hunt, Brown, Gilman, 2010; Perlmutter, Bhorade, Gordon, Hollingsworth, Baum, 2010; Shaw, Polgar, Vrljan, Jacobson, 2010)

# Hindrances to Achieving Relative Mastery: Transportation

- Another issue is the need for safe transportation for those who are suffering from Dementia or Alzheimer's
  - 10% of people over the age of 65, and 50% of people over the age of 85 are affected by Alzheimer's
  - Estimated that over 4.5 million individuals are affected by Alzheimer's and that number is estimated to triple by the year 2050

(Hebert, Scherr, Bienias, Bennett, & Evans, 2003 Hunt, Brown, Gilman, 2010; Perlmutter, Bhorade, Gordon, Hollingsworth, Baum, 2010; Shaw, Polgar, Vrljan, Jacobson, 2010)

# Safety Issues

- Safety issues that elderly drivers identified included:
  - The location of controls
  - The increase and advancing technology
  - Entering and exiting the vehicle

(Shaw et al., 2010)




# Safety Issues

- As individuals age, their perception of safely driving a vehicle may also change:
  - May feel that it is only safe to drive certain routes or roads
  - May feel that it is only safe to drive at a certain time of day
  - May feel that it is only safe to drive if the weather is nice

(Shaw et al., 2010)

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# Resource Manual Section 3:

## Internet Resources for Patient/Transportation Advocacy



# Internet Resources

That can be used to assist with  
addressing transportation for  
elderly individuals



# Resources

- The following slides present multiple websites that provide resources for individuals working with elderly drivers
- The slides outline the materials that each website provides to make finding the information and navigating the websites simple



# Seniordrivers.org

Internet Resource: I

**Purpose:** Provides a resource for individuals to use when addressing elderly individuals and driving. This website offers cost free screening tools to help clinicians assess elderly drivers needs in regards to transportation related services

# Seniordrivers.org

- Divided into five areas
  1. Measuring driving skills
  2. Education and training
  3. Planning for continued mobility
  4. Other useful resources
  5. For researchers

<http://seniordrivers.org/home/#assessment>



# Area I: Measuring Driving Skills

[Seniordrivers.org](http://Seniordrivers.org)





# Area I: Measuring Driving Skills

- Roadwise Review online
- DriveSharp Calculator
- Drivers 65+
- CarFit



# Area I: Measuring Driving Skills: Roadwise Review Online

- Free screening tool developed by AAA
- Help seniors measure specific mental and physical abilities that are important for driving safely
- 30 minutes to complete
- Online version and CD-ROM available

<http://seniordrivers.org/driving/driving.cfm?button=roadwise>

# Roadwise Review Online

- Screening program, not a professional assessment
- Designed to educate the driving public
- “impairments” identified to raise awareness
- Can be completed in private in your own home
- Requires a partner to complete

<http://seniordrivers.org/driving/driving.cfm?button=roadwise>



# Roadwise Review Online: Two Versions

- Full Version
  - Assesses visual ability, physical ability, and mental ability
- Short Version
  - Takes half the time to complete
  - Measures mental abilities only

<http://seniordrivers.org/driving/driving.cfm?button=roadwise>

# Full Version Assessments

- Visual
  - Visual Acuity
  - High and Low Contrast Abilities
- Physical
  - Leg Strength
  - Head and Neck Flexibility
- Mental
  - Working Memory
  - Visualizing Missing Info
  - Visual Processing and Search Ability

<http://seniordrivers.org/driving/driving.cfm?button=roadwise>

# Results of Full Version

- Shows scores, level of impairment identified
- Option to get additional info, including:
  - Risk factors
  - What to do
  - Driving examples

<http://seniordrivers.org/driving/driving.cfm?button=roadwise>



# Area I: Measuring Driving Skills: DriveSharp Calculator

- Free five minute screening test
- Rates an individual's crash risk based on "useful field of view"

<http://www.seniordrivers.org/home/#assessment>

# DriveSharp

- Brain fitness software program
- Sharpens the mind of the driver
- Three exercises that look like games
- 20 minutes a day





# DriveSharp: How It Works

- Start by assessing your current skill level
- Spend time working on the exercise
- Take additional assessments to measure improvements
- Notice changes in your driving

<http://drivesharp.positscience.com/about-drivesharp.php>

# Proven Results

- Cut your risk of a car crash by up to 50%
- Increase useful field of view by up to 200%
- React faster to dangers – reduce stopping distance by up to 22 feet at 55 mph
- Drive with greater confidence at night, in congested traffic, and in new places

<http://drivesharp.positscience.com/about-drivesharp.php>



# Area 1: Measuring Driving Skills: Driver 65+

- Free 15 question self-survey
- Able to print the self-survey, complete the survey, and score independently
- Optional online version
- Provides a self-rating brochure

[www.aaafoundation.org/quizzes/index.cfm?button=driver55](http://www.aaafoundation.org/quizzes/index.cfm?button=driver55)

# Purpose

- Designed to assist in examining an individual's ability to continue driving safely
- Helps in making informed decisions when considering driving

# Results

- Results are ranked:
  - Go – no unsafe driving practice
  - Caution – some unsafe driving practices
  - Stop – Too many unsafe driving practices
- Provides suggestions for improvement



# Area I: Measuring Driving Skills: CarFit

- Educational program created by:
  - The American Society on Aging
  - The American Automobile Association
  - The American Association for Retired People
  - The American Occupational Therapy Association

<http://www.car-fit.org>

# CarFit

- Offers older adults the opportunity to assess how well their vehicles match them
- Provides information/materials on community-specific resources
- With increase in fit, there is an increase in safety



# CarFit Checks

- Checks occur at a CarFit event
- Trained technicians and/or health professionals work individually with each individual
- Checks take about 20 minutes to complete
- Identifies options for individuals to increase fit



# CarFit Pilot Test Findings

- Over 1/3 of individuals had at least one critical safety issue need addressed
- One in ten were seated too close to the steering wheel
- About 20% did not have a line of site at least 3" over the steering wheel



# Area 2: Education & Training

[Seniordrivers.org](http://Seniordrivers.org)



## Area 2: Education & Training

- DriveSharp
- Safe Driving for Mature Operators
- Online Mature Driver Improvement Course
- Older & Wiser Driver



# Safe Driving for Mature Operators

- Classroom based course
- Presents techniques for mature individuals to use to cope with driving
- Contact local AAA club for course schedules and locations



# Online Mature Driver Improvement Course

- Web-based course
- Designed to positively affect driving behavior
- Addresses and helps seniors adjust to age-related physical changes
- Fee to take the course
  - Costs \$19.95 for non-members



# Older & Wiser Driver

- Brochure
- Highlights factors that are related to the safe driving ability of all drivers
  - Emphasis on older drivers
- Provides recommendations to help drivers compensate for changes
- An Older & Wiser Driver video is also available online to view



Area 3:

# Planning for Continued Mobility

[Seniordrivers.org](http://Seniordrivers.org)



## Area 3: Planning for Continued Mobility

- Getting around – Alternatives for Seniors Who No Longer Drive
- How to Help an Older Driver
- Supplemental Transportation Programs (STP) Exchange
- Better Options for Older Adults



# Getting Around

- 30 minute documentary
- Companion website
- Dedicated to maintaining older individuals mobility
- Focuses on helping elderly transition to life-after-driving

<http://seniordrivers.org/home/#mobility>



# Alternatives for Seniors Who No Longer Drive

- Focused on:
  - When it is time to give up the keys
  - Helping at-risk elders transition to life-after-driving
  - Expanding everyone's travel options through improved public transportation and new models for mobility



# How to Help an Older Driver

- Brochure
- Discusses how families and friends of elderly drivers can assist them in maintaining their independence and mobility behind the wheel

# STP Exchange

- Community based organizations
- Purpose is to help elderly individuals stay mobile after they have stopped driving
- Catalogs member programs
- Provides a forum for exchanging transportation ideas

[seniordrivers.org/home/#mobility](http://seniordrivers.org/home/#mobility)



# Better Options for Older Adults

- Local planners are developing supplemental transportation programs nationwide to meet the needs of the elderly population




Area 4:

# Other Useful Resources

[Seniordrivers.org](http://Seniordrivers.org)

# Area 4: Other Useful Resources

- Seniordrivers.org also provides the following additional resources
  - AAAseniors.com
    - Provides tips and general safe driving information
  - Certified Driver Rehabilitation Specialists
    - Directory listed by state
  - License Policies and Practices
    - Searchable database of state regulations and information



# Area 5: For Researchers

[Seniordrivers.org](http://Seniordrivers.org)





# Area 5: For Researchers

- Provides
  - Information
  - Links
  - Research articles
  - Reports
- Intended for researchers who are interested in aging and mobility



# Northdakota.aaa.com

Internet Resource: 2

**Purpose:** This website provides a cost free way for clinicians to screen their clients for things such as visual, cognitive, or manual deficits that could result in unsafe driving. This website can help a clinician determine if further assessment of things such as a vision assessment is needed.



# Northdakota.aaa.com

- Supports elderly drivers with:
  - Programs
    - CarFit & Mature Driver Training
  - Information
    - Self Assessment
    - Distracted Driving
    - Older Wiser Driver
    - How to Help a Senior Driver

[Northdakota.aaa.com/driving-safety/670/689.uts](http://Northdakota.aaa.com/driving-safety/670/689.uts)

# Mature Driver Training

- Provides tips to help elderly drivers compensate for:
  - Changing vision
  - Changing reflexes
  - Changes in response time
- Shows how old methods of driving have been replaced with more advanced and safer driving techniques

<http://northdakota.aaa.com/driving-safety/mature-driver-training/670/832.uts?>

# Distracted Driving

- Identified distracted driving as including:
  - Visual distractions
  - Cognitive distractions
  - Manual distractions
- Provides tips for reducing and/or managing distractions

<http://northdakota.aaa.com/driving-safety/distracted-driving/670/848.uts?>

# Older & Wiser Driver

- Provides information for elderly drivers including:
  - Prescription medication effects
  - Aging changes in vision
  - Increased danger with left turns
  - Importance of staying fit for driving



[seniordriving.aaa.com](http://seniordriving.aaa.com)

Internet Resource: 3

**Purpose:** This website serves as a guide for clinicians to refer their clients to for them to assess his or her own driving abilities. This website also serves to act as a resource for information regarding things such as tips for safe driving.



# seniordriving.aaa.com

- 5 areas which provides information and resources including:
  1. Evaluate Your Driving Ability
  2. Understanding Mind & Body Changes
  3. Improve Your Driving Skills
  4. Maintain Mobility & Independence
  5. Tools & Additional Resources for Family & Friends





Area I:

# Evaluate Your Driving Ability

[seniordriving.aaa.com](http://seniordriving.aaa.com)

# Area I: Evaluate Your Driving Ability

- Provides the following resources:
  - Self-Rating Tool
    - Drivers 65+ Brochure
  - Interactive Driving Evaluation
    - Roadwise Review
  - Professional Assessment
    - Driving Skills Evaluations
    - Clinical Assessments

<http://seniordriving.aaa.com/evaluate-your-driving-ability>

# Driving Skills Evaluations

- Evaluators complete evaluations to identify any weaknesses and determine if further training is required
- Includes an in-car evaluation to assess such things as:
  - Ability to follow traffic laws
  - Ability to assess the driving environment
  - Ability to take effective actions to reduce risk

# Driving Skills Evaluations

- Review of evaluation provides recommendations for:
  - Supplemental in-car training
  - A clinical assessment
  - No supplemental training
- Cost varies
  - Approximately \$100-\$200
  - Supplemental training sessions cost approximately \$75 to \$150 per hour



# Clinical Assessments

- Components:
  - Clinical assessment
  - Function/on-road assessment
  - Treatment and intervention

<http://seniordriving.aaa.com/evaluate-your-driving-ability/professional-assessment>



# Clinical Assessments

- Clinical Assessments
  - Includes, but not limited to:
    - Review of personal medical history
    - Cognitive assessment

<http://seniordriving.aaa.com/evaluate-your-driving-ability/professional-assessment>

# Clinical Assessments

- Functional/on-road assessment
  - Includes, but not limited to:
    - Adherence to traffic rules and regulations
    - Consistent use of strategies to compensate for impairments:
      - Visual
      - Cognitive
      - Physical
      - Behavioral

<http://seniordriving.aaa.com/evaluate-your-driving-ability/professional-assessment>



# Clinical Assessments

- **Treatment and Intervention**
  - Includes, but not limited to:
    - Adaptive driving instruction
    - Driver retraining with or without vehicle modifications

<http://seniordriving.aaa.com/evaluate-your-driving-ability/professional-assessment>



# Cost of Clinical Assessments

- **Varies between programs**
  - Typically \$200 to \$400 for a full assessment
  - Plus an additional \$100 an hour for rehabilitation
  - Plus cost of adaptive equipment required

<http://seniordriving.aaa.com/evaluate-your-driving-ability/professional-assessment>



Area 2:

# Understanding Mind & Body Changes

[seniordriving.aaa.com](http://seniordriving.aaa.com)



## Area 2: Understanding Mind & Body Changes

- Provides the following resources:
  - Vision
  - Hearing
  - Reaction Time
  - Medical Conditions & Medications
  - Mind & Cognition

<http://seniordriving.aaa.com/understanding-mind-body-changes>

# Vision

- Provides information concerning:
  - Light Requirements
  - Sharpness of Vision & Changing Focus
  - Driving at Night & Managing Glare
  - Common Vision Problems

# Hearing

- Provides information concerning:
  - Who is affected most
  - Symptoms of age-related hearing loss
  - Causes of hearing loss
  - Treatment options

# Reaction Time

- Provides information concerning:
  - Motor Skills
  - Managing Slower Reaction Times
  - Keeping Your Mind & Body Fit

<http://seniordriving.aaa.com/understanding-mind-body-changes/reaction-time>



# Medical Conditions & Medications

- Provides information concerning:
  - Common Medical Conditions
  - How Medications Can Affect Driving
  - State Laws on Medication Use & Driving

<http://seniordriving.aaa.com/understanding-mind-body-changes/medical-conditions-medications>



# Mind & Cognition

- Provides information concerning:
  - Driving & Dementia
  - Keep Your Mind & Body Fit





Area 3:

# Improve Your Driving Skills

[seniordriving.aaa.com](http://seniordriving.aaa.com)

# Area 3: Improve Your Driving Skills

- Provides the following resources:
  - Prepare For A Drive
  - Everyday Driving Challenges
  - Driving In Bad Weather
  - Handle Unexpected Situations

# Prepare For A Drive

- Provides information concerning:
  - Pre-drive Vehicle Inspection
  - Your Body's Fit with the Vehicle
  - How to Use/Adjust Your Mirrors
  - The Importance of Your Safety Belt

# Everyday Driving Challenges

- Provides information concerning:
  - Left-Hand Turns
  - Roundabouts
  - Driving Around Big Trucks
  - Driving at Night & Managing Glare
  - Yielding the Right of Way
  - Backing and Parking
  - Dealing With Aggressive Drivers

<http://seniordriving.aaa.com/improve-your-driving-skills/everyday-driving-challenges>

# Driving In Bad Weather

- Provides information concerning:
  - Rain
  - Snow/Ice/Sleet
  - Fog
  - Smoke/Sandstorms

# Handle Unexpected Situations

- Provides information concerning:
  - Vehicle Failures
  - Avoiding Crashes & Emergency Maneuvers
  - What to do After a Crash

<http://seniordriving.aaa.com/improve-your-driving-skills/handle-unexpected-situations>



Area 4:

# Maintain Mobility & Independence

[seniordriving.aaa.com](http://seniordriving.aaa.com)



## Area 4: Maintain Mobility & Independence

- Provides the following resources:
  - Keep Your Mind & Body Fit
  - Driver Improvement Courses For Seniors
  - Car Buying, Maintenance, & Assistive Accessories
  - Other Ways To Get Around





# Keep Your Mind & Body Fit

- Provides information concerning:
  - Physical Fitness Techniques
  - Mental Fitness Techniques

<http://seniordriving.aaa.com/maintain-mobility-independence/keep-your-mind-body-fit>



# Driver Improvement Courses For Seniors

- Provides the following
  - An online defensive driving course
  - Information concerning local defensive driving courses

<http://seniordriving.aaa.com/maintain-mobility-independence/driver-improvement-courses-seniors>



# Car Buying, Maintenance & Assistive Accessories

- Provides information concerning:
  - Finding the Right Vehicle For You
  - How To Maintain Your Vehicle
  - Assistive Accessories For Your Car
    - For example:
      - Key extenders, leveraging devices, swivel seat cushion, hand controls, etc.

<http://seniordriving.aaa.com/maintain-mobility-independence/car-buying-maintenance-assistive-accessories>

# Other Ways To Get Around

- Provides information concerning:
  - Carpooling
  - Public Transportation
  - Local Transportation Services
  - Paratransit Services



Area 5:

Tools & Additional Resources  
for Family & Friends

[seniordriving.aaa.com](http://seniordriving.aaa.com)



# Area 5:Resources For Family & Friends

- Provides the following resources:
  - Know When to be Concerned
  - Conversations About Driving
  - Help Seniors Stay Independent



# Know When To Be Concerned

- Provides information concerning:
  - Identify the Warning Signs
  - Assess Driving Skills & Ability
  - Driving & Medications
  - Driving & Common Medical Conditions



# Conversations About Driving

- Provides information concerning:
  - Facts & Research
  - Plan Ahead
  - Deal With Negative Reactions

<http://seniordriving.aaa.com/resources-family-friends/conversations-about-driving>





# Help Seniors Stay Independent

- Provides information concerning:
  - Carpooling
  - Public Transportation
  - Local Organizations
  - Special Services

<http://seniordriving.aaa.com/resources-family-friends/help-seniors-stay-independent>



# beverlyfoundation.org

Internet Resource: 4

**Purpose:** A clinician can use this website as a resource to find senior transportation services that are offered within a clients local area by searching by the state (i.e. North Dakota). This website also offers a wealth of knowledge via factsheets which can serve as great informational handouts to elderly clients who are require transportation related services

# beverlyfoundation.org

- Mission is to “foster new ideas and options to enhance mobility and transportation for today’s and tomorrow’s older adults”
- Site provides the following 3 resource areas:
  1. Map of STPs in America
  2. Resource Library
  3. Turnkey Kit

<http://beverlyfoundation.org>



Area I:

Map of Senior Transportation  
Options (STPs) in America

[beverlyfoundation.org](http://beverlyfoundation.org)

# Area I: Map of STP's in America

- Three steps to using the resource:
  - Click on a state to open a list of cities in that state which include one or more STPs
  - Click on a city to open a list of STPs in that city
  - Click on the STP and the website of the STP will open

<http://beverlyfoundation.org/map-of-stps-in-america>



Area 2:

# Resource Library

[beverlyfoundation.org](http://beverlyfoundation.org)

# Area 2:Resource Library

- Library includes the following resources:
  - Fact Sheet Series
    - \*Giving Up The Keys
    - \*STPs in America
    - \*Public and Rural Transportation
    - \*Volunteer Driving Programs
    - \*The TRIP Model
    - \*Transportation Assistance
    - \*Targeted Survey Reports from STP Exchange
    - STAR Search and STAR Awards
    - Resource Materials

# Fact Sheet Series

- Includes information in fact sheet format for the following:
  - The Beverly Foundation
    - Giving Up The Keys
    - STPs in America
    - STPs in Rural America
    - The 5 A's of Senior Friendly Transportation
    - Volunteer Driving Programs
    - Volunteer Drivers
    - Transportation and Dementia
    - The TRIP Model
    - STAR Search & STAR Awards



# \*Fact Sheet: Giving Up The Keys

- Provides a fact sheet containing information about a qualitative and quantitative research project completed in 1999 concerning elderly individual's giving up the keys.
- Provides access to a research project completed in 1999 concerning transportation in an aging society

<http://beverlyfoundation.org/resource-library/#keys>

# \*Fact Sheet: STPs In America

- Provides a fact sheet concerning STPs in America
- Provides reports concerning STPs in America for the years 2001 and 2004



# \*Fact Sheet: Public Transportation

- Provides the following information:
  - Public Transportation Fact Sheet
  - Public Transportation Programs for Seniors
  - Transitions to Options (APTA Report – 2007)
  - Innovations for Seniors

<http://beverlyfoundation.org/resource-library/#public>



# Public Transportation Programs for Seniors

- Report that provides the following information:
  - Importance of transportation to older adults
  - Examples of what public transportation services are doing to meet the needs of the elderly
  - Data on public transportation services and special programs that serve older adults
  - Ten key findings, including identifying barriers elderly individuals encounter

# Public Transportation Programs for Seniors Cont.

- Includes:
  - Attachments that present topics that were part of successful programs
  - Contact information for survey respondents
  - Senior friendliness calculator
  - Information regarding public and paratransit services

<http://beverlyfoundation.org/resource-library/#public>



# Public Transportation Programs for Seniors Cont.

- Discussion concerning topics such as:
  - Travel training
  - Special destinations
  - Special services
  - Special fares
  - Information and outreach
  - Funding and fundraising
  - Planning and design
  - Partnerships and coordination

<http://beverlyfoundation.org/resource-library/#public>

# Transition to Options

- Report that addresses the following:
  - Challenges older individuals experience when they stop driving
  - Methods for easing the transition from driving to non-driving
- Research methods included the following with both drivers and non-drivers:
  - Focus groups
  - One-on-one interviews
  - Written surveys

# Transition to Options Cont.

- New insights that emerged included:
  - Difficulties of giving up the keys
  - Traumas associated with no longer driving
  - Challenges of identifying appropriate options before stopping to drive
  - Transitions to options.



# Transition to Options Cont.

- Important recommendations:
  - Change the negative nature of messages about no longer driving
  - Identify possible target audiences and intervention strategies that could encourage the use of transportation options

# Transition to Options Cont.

- Suggestions for further research include:
  - How internal decisions versus external requirements affect the transition to giving up the keys
  - Intervention points where instrumental assistance such as information and training would be most helpful
  - Coping strategies for successful transitions.

<http://beverlyfoundation.org/resource-library/#public>



# Innovations for Seniors

- Focus was to identify, document, and disseminate information about innovations used by public and community transit services to meet the needs of elderly passengers.

# Innovations for Seniors Cont.

- Results of project include challenges related to:
  - Difficulties associated with driving
  - Availability of transportation services
  - Access to vehicles
  - Assistance at the destination
  - Meeting the needs of people with memory loss



# \*Fact Sheet: Rural Transportation

- Provides the following resources:
  - Fact Sheet
  - Report titled *Transportation Innovations for Seniors: A Report on Rural America* (2006)

<http://beverlyfoundation.org/resource-library/#rural>



# Transportation Innovations for Seniors

- Focused on the innovations methods for addressing the challenge of providing transportation to seniors in rural America
- Includes a discussion of the following:
  - Rural environment
  - Transportation needs, services, gaps
  - Challenges particular to rural areas
  - Solutions and innovations for meeting the needs of senior passengers who use rural transportation services



# Transportation Innovations for Seniors Cont.

- Research activities included structured interviews with a total of fifty-two nationally recognized policy makers, technical advisors, and transit and aging service providers, and five case studies.

# Transportation Innovations for Seniors Cont.

- In addition to discussing the definition of and specific innovations, the report includes a typology of innovations which includes:
  - The point of origin
  - An idea factory
  - People markers
  - A receptive culture.



# \*Fact Sheet: Volunteer Driver Programs

- Provides the following resources:
  - Volunteer Driver Programs
  - Volunteer Drivers
  - Volunteer Drivers in America: The Hope of the Future (2008)
  - The ABC's of Being an Effective Volunteer Driver: A Tip Book (2007)
  - Volunteer Driver Recruitment: An Idea Book For Action (2006)
  - Risk Management in Volunteer Driver Programs (2006)
  - Stories From The Road: Stories From The Heart (2005) (abstract only)

# \*Fact Sheet: The TRIP Model

- Provides a Fact Sheet that:
  - Discusses the needs of older adults for transportation assistance
  - Discusses ten challenges faced by public and community transportation services in providing assistance
  - Provides highlights of the age group that is in most need of assistance

# \*Fact Sheet: The TRIP Model Cont.

- The Fact Sheet also provides:
  - Discussion of those who provide assistance
  - A description of five types of transportation assistance for seniors:
    - Gentle support
    - Physical support
    - Activity support
    - Personal support
    - Special support

# \*Fact Sheet: The TRIP Model

## Cont.

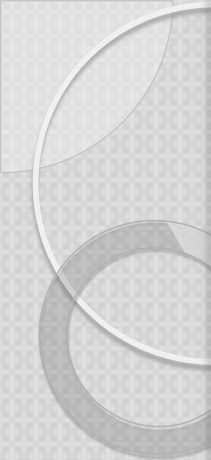
- A central feature is a chart which includes:
  - Information on five programs that outline the different types of assistance
  - Provides a brief discussion of each program
- Presents a calculator for measuring the level of physical assistance that can be made available to passengers by drivers, escorts, family members, friends, neighbors, and caregivers.



# \*Fact Sheet: Transportation Assistance

- Provides the following resources:
  - Transportation Assistance for Seniors Fact Sheet
  - How To Establish and Maintain Door-Through-Door Transportation Assistance for Seniors (2005)
  - Transportation and Dementia Fact Sheet
  - Paid Driver Contributions: Delivering Community Transportation Services (2009)

<http://beverlyfoundation.org/resource-library/#assistance>



# How To Establish and Maintain Door-Through-Door Transportation Assistance for Seniors

- How-To-Guide includes:
  - Description of five levels of assistance
  - Alternative models of door-through-door services
  - Case studies
  - Suggestions on how to get started in provided door-through-door services
  - Answers frequently asked questions



# Transportation And Dementia Fact Sheet

- Discusses:
  - The challenges of dementia
  - The 10 warning signs of dementia from the Alzheimer's Association
  - Issues associated with transportation and dementia
  - Elements of dementia friendly transportation

<http://beverlyfoundation.org/resource-library/#assistance>

# Transportation And Dementia Fact Sheet Cont.

- Also includes:
  - Reisburg's Stages of Alzheimer's disease
  - Indicators of driving decline associated with dementia
  - Relationship of dementia to transportation options





# Paid Driver Contributions: Delivering Community Transportation Services

- Provides information regarding:
  - The types and methods of services offered by transportation systems that pay their drivers
- Information was gathered from 76 community transportation services via an online survey
  - 72% located in rural areas



# Paid Driver Contributions: Delivering Community Transportation Services Cont.

- Includes the description of:
  - The survey methodology
  - A profile of the seventy-six respondents
  - A profile of the drivers
    - provided by managers and supervisors
  - Conclusions

<http://beverlyfoundation.org/resource-library/#assistance>



# Paid Driver Contributions: Delivering Community Transportation Services Cont.

- Especially important in that it compares:
  - Paid driver pool characteristics with years of service
  - Paid driver assistance and support with types and locations of service
  - Differences in paid drivers' salary ranges and years of employment with types of benefits that they receive
  - Differences in vehicles used, types of drivers, and assistance they provide with paid and volunteer drivers



# Paid Driver Contributions: Delivering Community Transportation Services Cont.

- Considerable information was available on the roles, responsibilities, and contributions of volunteer drivers
- Very little information had been gathered about the roles, responsibilities, and contributions of paid drivers



# \*Fact Sheet: Target Survey Reports from STP Exchange

- Provides the following resources:
  - Report on Low-Cost Ideas for Providing Transportation to Older Adults (2010)
  - Report on Volunteer Driver Program Safety and Insurance (2009)
  - Report on the Impact of Rising Fuel Costs on Volunteer Driver Programs (2008)
  - Report on Mileage Reimbursement (2008)

<http://beverlyfoundation.org/resource-library/#survey>

# Resource Materials

- Provides the following resources:
  - Matching/Mentor Workbook (2011)
  - How to Meet Operational Challenges of Providing Transportation to Seniors: A Workbook for Faith in Action Members (2008)
  - Turn Key Kit: A Web-Based Resource for Volunteer Driver Programs (2005)
  - Transportation Options “How To” Booklet & CD (2003)



Area 3:

Turnkey Kit

[beverlyfoundation.org](http://beverlyfoundation.org)

# Area 3: Turnkey Kit

- Free, practical, “how to” technical assistance tool for organizations and agencies who are ready to plan and implement transportation services for older adults
- Provides information regarding:
  - Planning
  - Implementation
  - Evaluation

<http://beverlyfoundation.org/volunteer-driver-turnkey-kit/>



# Turnkey Kit: Planning

## Resources Include:

- 20 Tips on Planning
- Discussion of Planning
- White Paper on Volunteer Drivers
- Sample Business Plan
- Sample Budget
- Community Survey Instrument
- Program Design Game
- Risk and Risk Management Strategies
- Transit Options Booklet
- General STARt Up Advice
- Planning Review Checklist
- Resources on Planning

# Turnkey Kit: Implementation

- Resources include:
  - 20 Tips on Implementation
  - Discussion of Implementation
  - 20 Tips for Riders
  - 20 Tips for Drivers
  - Policy and Procedures Manual Outline
  - Recruitment, Training, and Retention
  - Volunteer Management Checklist
  - Volunteer Reimbursement
  - Computer Program for Good Management

# Turnkey Kit: Evaluation

- Resources include:
  - 20 Tips on Evaluation
  - Discussion of Evaluation
  - Quality of Life Assessment Instruments
  - Telephone Survey
  - Question Bank for Rider Feedback
  - “Senior Friendliness” Evaluation for Public and Paratransit Services
  - “Senior Friendliness” Evaluation for Volunteer Driver Programs



# Aota.org/olderdriver

Internet Resource: 5

**Purpose:** A clinician can utilize this free website to help direct a client toward a driving specialist in the clients area by searching by State, Zip Code etc. This website will provide the clinician with contact phone numbers and emails of other clinicians who can provide transportation related services

# Find a Driving Specialist

- Search by:
  - State
  - Zip Code
    - Search 10-1000 miles of Zip Code
- Search for specific services offered:
  - Clinical Evaluation
  - Clinical Training
  - In-vehicle Evaluation
  - In-vehicle Training

# Find a Driving Specialist cont.

- Search by clients served:
  - New Drivers or Over 65
- Search by vehicle types:
  - Van
  - Car
- Search for vehicle simulators
- Search for alternative transportation offerings

# Find a Driving Specialist cont.

- Upon searching, the site will provide:
  - Sites that offer driving program services
  - Types of services offered at the site
    - (i.e. Clinical evaluation/Clinical training)
  - Services offered for vehicle types at the site
    - (i.e. cars/vans etc)
  - Brief description of service offerings at the site

# Find a Driving Specialist cont.

- The site will also provide:
  - Service offered to types of individuals at the site
    - (i.e. New drivers/Over 65)
  - Contact information of clinicians at the site
    - Email, phone contact numbers
    - All information in printable and maps are available!

[http://myaota.aota.org/driver\\_search/index.aspx](http://myaota.aota.org/driver_search/index.aspx)





# Carechoice.nd.gov

Internet Resource: 6

**Purpose:** This website provides another alternative for clinicians to help refer clients to transportation related services in North Dakota by searching in the clients area. This website will provide contact phone numbers and emails of clinicians who can provide transportation related services

# Navigating the website

- Search by Service Categories:
  - Select: Transportation
- Search by State/County/and/or areas served
  - Select: North Dakota
    - (Optional: Search by Zip Code and miles from zip code)
- Click SEARCH

<https://carechoice.nd.assistguide.net/site/371/DesktopDefault.aspx?tabid=371>

# Navigating the website cont.

- Upon clicking search:
  - The website will provide the viewer with local sites that include:
    - Description of site and services offered
    - Address/Location
    - Contact phone number
  - Each listing under search has its own clickable tab which brings the viewer to additional information on each site listed (i.e. email, additional phone numbers, mailing address etc.)



seniortransportation.

easterseals.com

Internet Resource: 7

**Purpose:** This website can be utilized by clinicians to refer clients, as well as his or her caregiver, to training sessions that are held throughout the year and also references to things such as safe tips on driving



seniortransportation.

[easterseals.com](http://easterseals.com)

- Provides the following resources:
  1. For Aging/Human Service Providers
  2. For Transportation Providers
  3. For Older Adults & Caregivers



Area I:

For Aging/Human Service Providers

[seniortransportation.easterseals.com](http://seniortransportation.easterseals.com)



# Area I: For Aging/Human Service Providers

- Provides the following resources:
  - Training
  - Senior Transportation
    - Tips & Facts
    - Accessible Transportation
    - Transportation Guidance
  - National Center on Senior Transportation (NCST) Library

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging)

# Training

- Provides a list of training and other special events that are offered throughout the year, including:
  - Mobility Equals Independence, Creating Greater Transportation Options
  - Mobility Equals Independence, Practical Applications
  - Distance Learning Opportunities

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging\\_training](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging_training)





# Mobility Equals Independence, Creating Greater Transportation Options

- Prerecorded interactive video
- Presentation slides
- National-level policy makers and planners discuss their work and responsibility in transportation leadership

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging\\_training](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging_training)



# Mobility Equals Independence, Practical Applications

- Live Web seminar held on October 15, 2008
- PowerPoint presentation is accessible
- Presenters discussed innovative approaches to mobility management in their communities

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging\\_training](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging_training)



# Distance Learning Opportunities

- Series of free audio conferences
  - 39 conferences available
- Guest speakers discuss current topics on transportation for older adults
- Topics have a wide range

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging\\_training](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging_training)

# Senior Transportation

- Provides the following resources:
  - Tips & Facts
    - Provides basic information concerning older drivers and the affect aging has on driving abilities
  - Accessible Transportation
  - Transportation Guidance

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging\\_senior](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging_senior)

# Accessible Transportation

- Provides the following resources:
  - Frequently asked questions
  - ADA Compliance Resources
  - Innovations
  - Bus-Vehicle & Related Vendors
  - Accessibility/Older Adult Issues Groups

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging\\_senioraccessible](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging_senioraccessible)

# Transportation Guidance

- Provides a transportation directory that includes the following resources:
  - State Department of Transportation website
  - United States Public Transit System Links by Mode
  - United States Public Transit System Links by State
    - Lists transit systems by county for North Dakota

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_aging\\_seniordirectory](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_aging_seniordirectory)

# NCST Library

- NCST offers all of its publications, training events, and other resources free of charge
- Resources can be downloaded directly to a computer or requested as a single copy or in quantity
- There is no cost for shipping and handling
- Registering for an account is free

[https://secure2.convio.net/es/site/Ecommerce?store\\_id=6563&VIEW\\_HOMEPAGE=true&FOLDER=0&TYPE=&NAME=](https://secure2.convio.net/es/site/Ecommerce?store_id=6563&VIEW_HOMEPAGE=true&FOLDER=0&TYPE=&NAME=)



Area 2:

For Transportation Providers

[seniortransportation.easterseals.com](http://seniortransportation.easterseals.com)





## Area 2: For Transportation Providers

- Provides the following resources:
  - Training
  - Senior Transportation
    - Tips & Facts
    - Accessible Transportation
    - Service Guidance
  - NCST Library

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_transit](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_transit)

# Training

- The training link under 'Transportation Providers' provides the same information as 'Aging/Human Service Providers'

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_transit\\_training](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_transit_training)

# Senior Transportation

- The Tips & Facts link provides basic information concerning transportation providers
- The Accessible Transportation link under 'Transportation Providers' provides the same information as 'Aging/Human Service Providers'
- The Service Guidance Link provides resources for serving older customers

# NCST Library

- The NCST Library link under 'Transportation Providers' provides the same information as 'Aging/Human Service Providers'

[http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2\\_transit\\_seniordirect](http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_transit_seniordirect)  
ory



Area 3:

For Older Adults & Caregivers

[Seniortransportation.easterseals.com](http://Seniortransportation.easterseals.com)



# Area 3: For Older Adults & Caregivers

- Provides the Following Resources:
  - Tips & Facts
    - Provides basic tips and facts specifically for older adults and caregivers
  - Accessible Transportation
    - Provides links to resources to assist older individuals learn about transportation options
  - Transportation Guidance
    - Lists websites to assist individuals in locating community transportation

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